



**NORTH CAROLINA DEPARTMENT OF JUSTICE  
CRIMINAL JUSTICE STANDARDS DIVISION**

PO DRAWER 149  
RALEIGH, NC 27602-0149  
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Form F-7  
(Rev. 08-2025)

**REQUEST FOR REPLACEMENT OF PROFESSIONAL CERTIFICATE**

**FOR COMMISSION STAFF USE ONLY**

Received: \_\_\_\_\_ Processed: \_\_\_\_\_ Processing Official: \_\_\_\_\_

Certificate(s) Replaced: ☐ Intermediate \_\_\_\_\_ ☐ Advanced \_\_\_\_\_

Processing Status: ☐ Printed on \_\_\_\_\_ ☐ Mailed on \_\_\_\_\_

**INSTRUCTIONS:**

1. Intermediate Certificates and Advanced Certificates *for awardee records* may be printed using the "Print Certificate" function in Acadis.
2. Use this form to request a *frameable replacement* for a damaged or lost certificate **only**. Please type or print clearly.
3. Awardee **must** have previously been awarded their **Intermediate Certificate** and/or **Advanced Certificate** to request a replacement.
4. Awardee should complete this form and forward to their agency head or training coordinator for **endorsement**. If the awardee is no longer employed by any law enforcement or criminal justice agency, check the applicable box and leave the agency head signature field blank.
5. Replacement certificates will be mailed to the mailing address of the awardee's **current employing agency**. Replacement certificates may be mailed to an awardee's home address **if they are no longer employed by any law enforcement or criminal justice agency**.
6. Submit the completed and signed request to the Criminal Justice Standards Division via email to [cjprocerts@ncdoj.gov](mailto:cjprocerts@ncdoj.gov) for processing.

**TO BE COMPLETED BY AWARDEE REQUESTING A REPLACEMENT CERTIFICATE**

Awardee Name: \_\_\_\_\_

Rank/Title: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Last 4 of SS: \_\_\_\_\_

Home Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Personal Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Employing Agency: \_\_\_\_\_ Agency Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

☐ I am **no longer employed by any agency** and request to have my certificate mailed to my address.

I am requesting a replacement: ☐ Intermediate Certificate Original Award Date: \_\_\_\_\_

☐ Advanced Certificate Original Award Date: \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Awardee

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Agency Head  
or In-Service Training Coordinator

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date